

Exhibit 1

**VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – DECEMBER 3, 2019**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on December 3, 2019 at 10:00 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 2.

MEMBERS PRESENT: Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson
John D. Ball, Ph.D., LCP, ABPP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Psychology
Emily Tatum, Administrative Proceedings Division

RESPONDENT: Ronald Federici, LCP, LSP
Case No.: 176533, 187974, and 192711
License #: LCP # 0810001534
LSP # 0803000093

DISCUSSION: Dr. Federici appeared in person before the Committee in accordance with the Noticed dated September 19, 2019, and an Amended Notice dated November 25, 2019. Dr. Federici was not represented by legal counsel.

The Committee fully discussed the allegations with Dr. Federici.

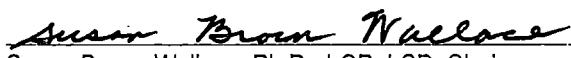
CLOSED MEETING: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Ronald Federici, LCP, LSP. Additionally, he moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

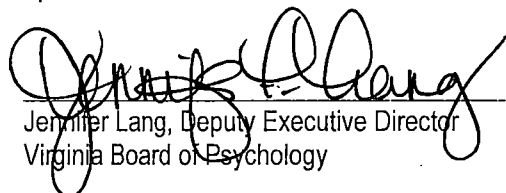
DECISION: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee made certain findings of facts and conclusions of law and voted to place Dr. Federici on probation and subject his licenses to terms and conditions. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:54 p.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.


Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson
Special Conference Committee of the Board of Psychology

12-4-2019
Date


Jennifer Lang, Deputy Executive Director
Virginia Board of Psychology

12/04/19
Date

Exhibit 2

Advocates for Children in Therapy

Opposing Abusive and Unvalidated Psychotherapy

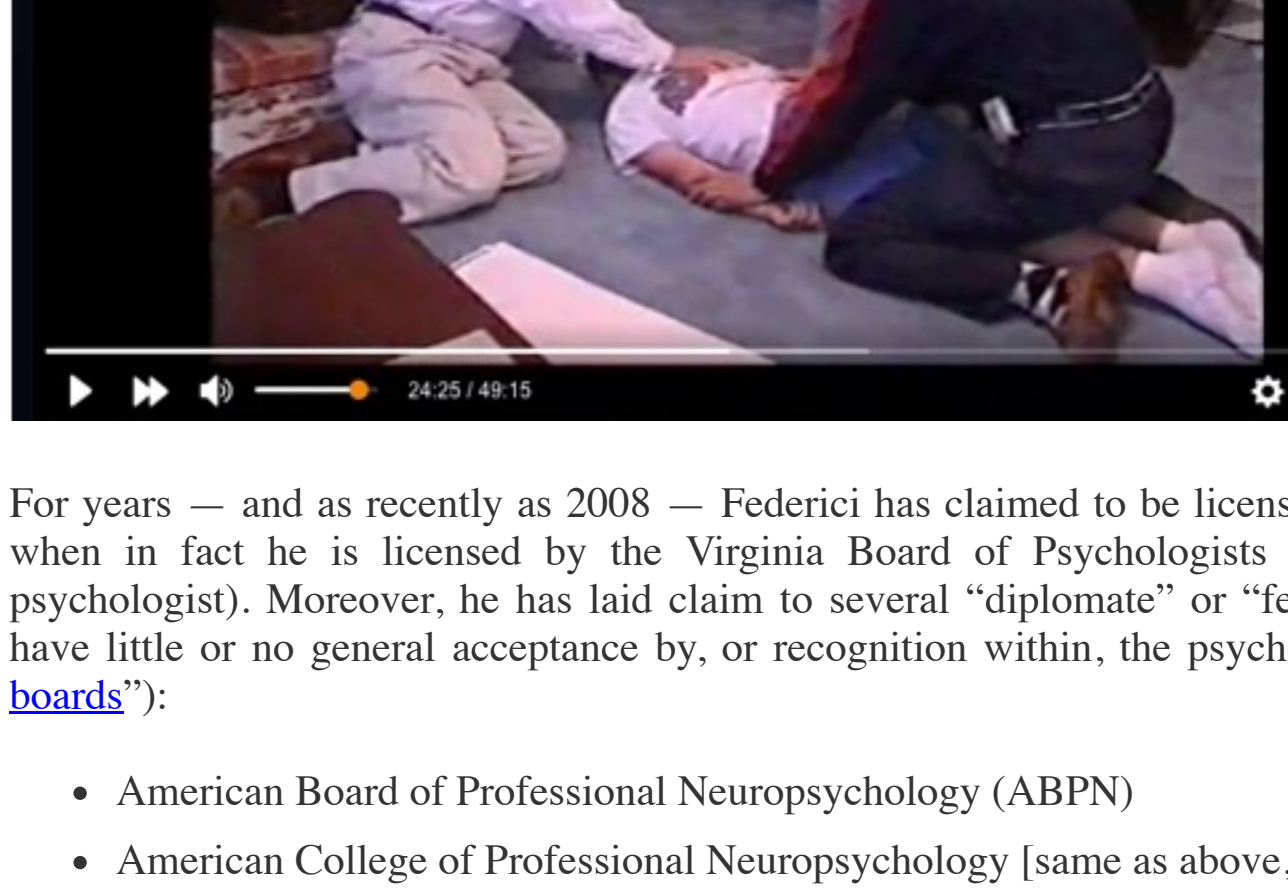
Ronald Federici

Ronald Steven Federici makes the claim that he is “regarded as the country’s expert in the neuropsychological evaluation and treatment of children having multi-sensory neurodevelopmental impairments.”

Federici has denied that he is an Attachment Therapist and sometimes avoids the term “Attachment Disorder” (AD) that is widely used by other Attachment Therapists. He instead claims to be a “developmental neuropsychologist,” specializing in the treatment of “institutional autism” (which he also calls “post-traumatic autism,” or “post-institutional autistic syndrome”). His broad range of signs for the alleged disturbances, and the treatment he recommends for them, nevertheless resemble those routinely proffered by Attachment Therapists to diagnose and treat AD. (The diagnoses he uses, as well as AD, are not recognized by conventional psychology or psychiatry.) All that notwithstanding, ACT believes him to be an Attachment Therapist ([see our definition](#)).

This BBC Horizon documentary (see below) illustrates Federici’s highly controlling methods for creating “attachment” between parent and child, with attachment considered demonstrable only by a child’s unquestioning obedience. Also note that another therapeutic goal is to remake a child’s personality mirror that of his parents.

BBC Horizon “[Taming the Problem Child](#)” (2001) featuring Ronald Federici
([Transcript](#), with critical commentary by Peter Fonagy)



For years — and as recently as 2008 — Federici has claimed to be licensed by the Virginia Medical Board, when in fact he is licensed by the Virginia Board of Psychologists (both as a clinical and a school psychologist). Moreover, he has laid claim to several “diplomat” or “fellow” credentials which appear to have little or no general acceptance by, or recognition within, the psychology profession (possible “[vanity boards](#)”):

- American Board of Professional Neuropsychology (ABPN)
- American College of Professional Neuropsychology [same as above, but he lists it separately]
- American Board of Medical Psychotherapists (ABMP)
- Fellow (in Advanced Psychopharmacology), [International College of Prescribing Psychologists](#) (ICPP)
- Fellow (in Advanced Clinical Psychopharmacology), ACAAP [not clarified, but *neither* American Academy of Child and Adolescent Psychiatry *nor* Air Cargo Agents Association of Pakistan]
- American Board of Disability Analysts (ABDA)
- American Board of Medical Consultants
- American Academy of Behavioral Medicine
- National Academy of Neuropsychology
- American Board of Cognitive-Behavioral Therapy [sometimes he lists it as *Therapists*]

There is no evidence that Ronald Federici possesses a medical degree.

While one must have either a PsyD degree or a PhD from an accredited school to be licensed as a clinical psychologist in Virginia, Federici’s publicly available biographies shed no light on where and when his qualifying degree was obtained. He does not appear, as asserted in his Curriculum Vitae, to have a most unusual “dual doctorate” — or indeed any doctorate — from the University of Illinois or the University of Chicago. In times past, he has claimed an EdD and an MBA from Shaftebury University, a diploma mill in England. There is evidence of a dissertation for work toward a PsyD from the Illinois School of Professional Psychology in the 1980s, but curiously he has not listed this school in his CV.

Federici has touted affiliations with Dr Charles H. Zeanah and Sir Michael Rutter, prominent attachment theorists and researchers, and particularly with their respectable studies of children adopted from Romanian orphanages (before Romania stopped foreign adoptions in 2004). However, neither of these individuals have publicly commented on Federici’s recommended interventions for children, nor accepted that their research data validate either his theories or his proposals for identifying disorders.

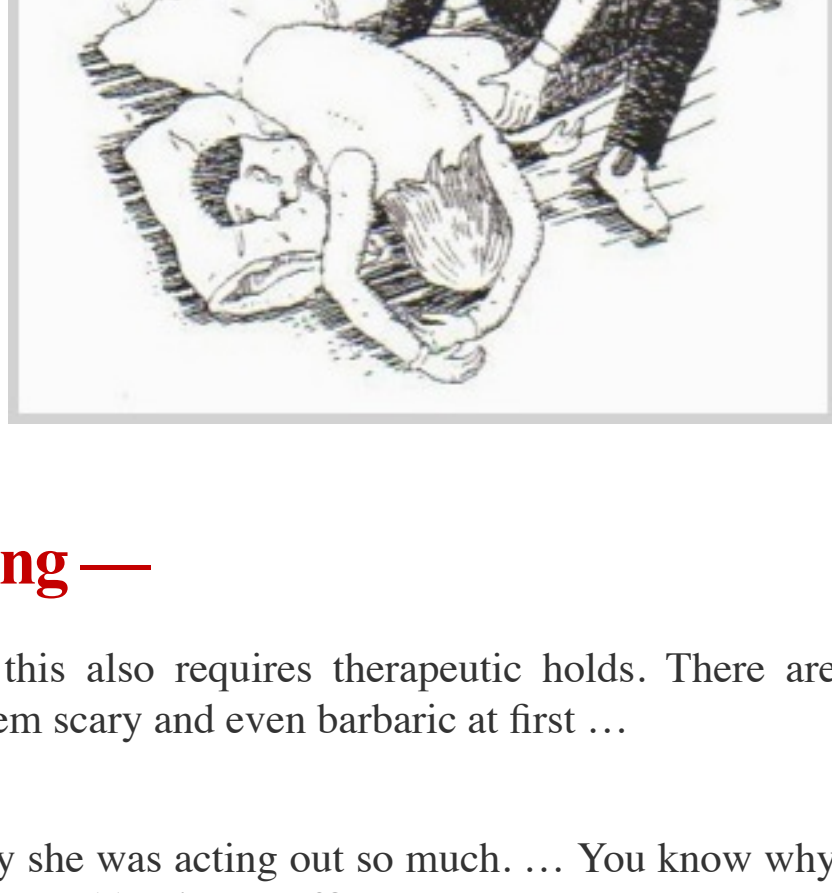
Neuropsychological and Family Practice Associates (in McLean, Virginia; recently restaffed and relocated from Alexandria, Virginia) is wholly owned by Federici, and he is CEO of Care for Children International. In 2007, he filed for bankruptcy to discharge his personal guarantees of business debts for his practice. The bankruptcy filing came shortly after he tried, and failed, to gain legal guardianship over one of his adopted children, who was an adult at the time, and fees were awarded to the child’s attorney.

For three years, 2008-2011, Federici has made many legal, and extra-legal, attempts to silence ACT’s revelations of his methods and philosophy, and to shut down this webpage in particular. For a report on these, see [News](#) and also the [Child Myths blog](#).

In His Own Words

— Potentially Dangerous —

- I was coming back from Romania, back when Romanian adoptions were, you know, open. They’re closed now. Anyone flown one of those adoption expresses back from Russia, back from ... there’s a lot of kids on them? Anybody had the plane flight from hell? I always bring good drugs on the plane. You know. Because you know why? It always gets me a free gift certificate from the airline if I help the kid.
— “[Cognitive Rehabilitation and Reality Therapy in Treating Multi-Impaired Attachment Disorders](#),” Association for the Treatment and Training in the Attachment of Children, 16th Annual Conference, Session W13, 6 October 2004 (Brookfield, Vermont: Resourceful Recordings, audio recording, 2004)
- If a pillow, jacket, or towel is available, place it under the child’s face because it is very important for the child to lie face down during the therapeutic hold to prevent spitting, biting or direct eye contact. It is often overwhelming and guilt-inducing for the parents when direct eye contact occurs with the child. In order to avoid the tendency to abandon the holding time technique, make sure the child is lying face down.
While one of you jockeys your weight over the child’s buttocks and lower legs (thus straddling the child), the other parent lies across the child’s upper torso and pins the child’s arms down by the sides of the body ... — *Help for the Hopeless Child: A Guide for Families, With Special Discussion for Assessing and Treating the Post-Institutionalized Child* (Alexandria, Virginia: self-published, 2nd ed., 2003), p. 112



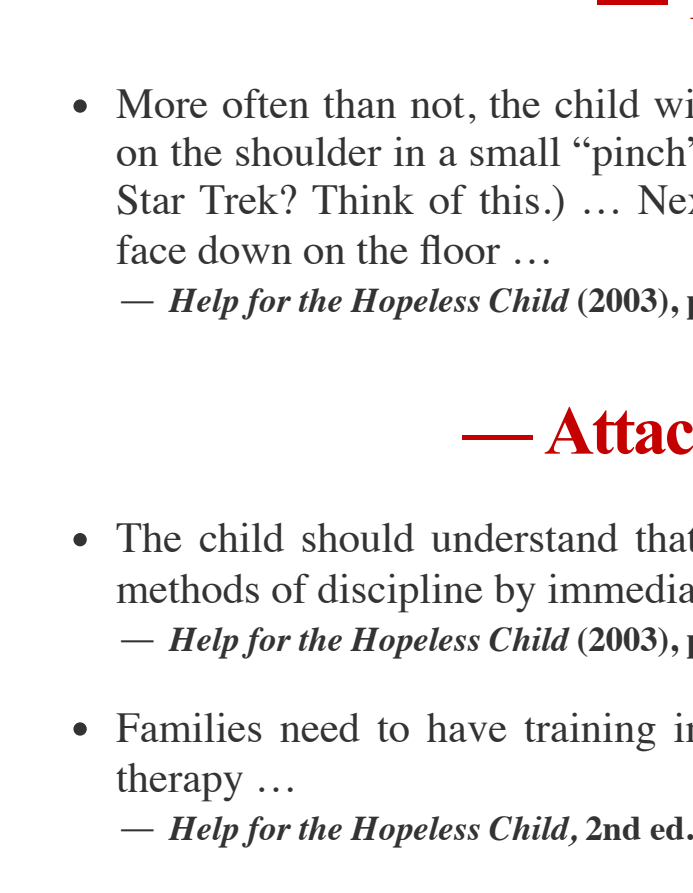
- “Sequence One Holding Technique,” *Help for the Hopeless Child*, p. 111. [Comment: This is the last frame of a six-part illustration demonstrating steps to take down and restrain a child.]

— Most Telling —

- ... [P]arents must take complete control ... Often, this also requires therapeutic holds. There are Sequence One and Sequence Two holds which may seem scary and even barbaric at first ...
— *Help for the Hopeless Child* (2003), p. 102
- [The girl] needed a strong male role model. That’s why she was acting out so much ... You know why she liked me? The first time she wouldn’t come in. I dragged her in my office.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- Reality is everything your mom says.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- I like those kind of kids who are non-compliant, that are non-responsive ... avoidant, depressed, traumatized, psychotic, whatever they are. Those are my favorite kids. Because you know what? They do the best ... sooner or later, they break.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- I am often called the “Combat Neuropsychologist” for the methods I believe in and have seen work in thousands of cases will be like a form of boot camp for both you and your child.
— *Help for the Hopeless Child* (2003), p. xxiv
- It is to be hoped that, as the child calms down, he or she will be very insecure, crying, and in need of emotional support and nurturing. Keeping a child in a more infantile state after a hold will serve as a starting point for moving toward appropriate attachment to the parent. Many children who act out have often missed the stage of immaturity in which they are completely deferential to the parents.
— *Help for the Hopeless Child* (2003), p. 112
- Total Adults Only. Isolation from any type of activity, friend or other sibling. Early bedtime, no talking to others, no television, play or any type of recreational activity. No hiding out in their room which is often preferred. Must stay in immediate sight and close proximity of parents or responsible adult at all times. Hard labor activities occupying any and all free time. Awakening early to begin work. Writing assignments or boring, repetitive tasks. Absolutely no stimulation. If parents must leave to go places, child must accompany them but not engage in any discussion or distraction. Again, Total Adults supervision, isolation and continual hard work is [sic] of paramount importance ...
— *Help for the Hopeless Child* (2003), p. 199

— Rage Reduction —

- And working on anger-rage reduction. ... Breaking through the rage cycle.
- ... And [Foster Cline](#)’s work, and some of the stuff. I think the concept is absolutely correct.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- This hold, although, it seems extreme, allows the child to act out rage and emotional confusion. ... The longer the holding time, the more the child clearly needs bonding and attachment therapy of this nature. Parents who are reluctant to use the hold should look at the experience this way: If the child did not like the holding time, then why would he or she prolong the period? Remember, contact is contact ...
— *Help for the Hopeless Child* (2003), pp. 113-114



BBC Horizons

— Take Down Method —

- More often than not, the child will resist. At this point, one parent ... applies gentle but firm pressure on the shoulder in a small “pinch” manner. (Remember Mr. Spock’s famous Vulcan shoulder grip from Star Trek? Think of this.) ... Next, you instruct the child to go to his or her knees and ultimately lie face down on the floor.
— *Help for the Hopeless Child* (2003), p. 110

— Attachment/Holding Therapy —

- The child should understand that, no matter what, you will enforce the family rules, guidelines and methods of discipline by immediate holds.
— *Help for the Hopeless Child* (2003), p. 116
- Families need to have training in “holding time,” for safety and security, bonding and reattachment therapy ...
— *Help for the Hopeless Child*, 2nd ed. (2003), p. 94
- Children with significant emotional difficulties, particularly those with bonding and attachment deficits, become easily bored and frustrated with relationships. They will, therefore, try to sabotage the close emotional contact you are trying to encourage on Level One. During these episodes, the parents need to carry out a holding sequence which involves short periods of physical restraint and attachment therapy through physical closeness. Parents are often tempted to quickly give up, saying, “It’s not helping, it’s worse!” This is normal. Keep going. It always gets worse before it gets better.
— *Help for the Hopeless Child* (2003), p. 106
- As soon as you announce that a holding time is mandatory, a child will often say “I’m sorry, I won’t be bad again” or attempt to run away. To back down and allow the child another chance or to abbreviate the hold sets a precedent for continuing manipulation by your child to avoid a hold.
— *Help for the Hopeless Child* (2003), pp. 109-110
- Parents may need to practice with the child prior to an actual hold so that the child understands what will be occurring.
— *Help for the Hopeless Child* (2003), p. 109
- Much has been written about “holding therapy,” and many forms are controversial and ones that I do NOT advocate. The ones I do not utilize involve taking a calm or detached child and holding them to the point the child becomes enraged and out of control. Many therapists continue to exert more physical holding during these evoked rages and have even gone as far as to roll a child in a sheet or blanket in an effort to contain them. ... There is certainly a need for holding a child, but I believe strongly that holds should only be for safety and security, as opposed to evoking rage or reliving past traumas. Holds should only be performed as part of an overall treatment program, following very thorough assessment of a child’s psychological and cognitive profile.
— *Help for the Hopeless Child* (2003), p. 109
[Note: above not in 1998, 1st edition]

— Therapeutic Attitude —

- You’ve got to be more manipulative than the kid. The best approach.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- [S]he was cussing at me in Russian. I said, “Listen. You think that’s bad, hear this.” And I gave her a dose of her own medicine.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- Things that we use a lot are Pavlovian Classical Conditioning.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- I’m a very manipulative person. The kids in my office that do this kind of crazy stuff. I always have a bag of popcorn. And so the kid is starting a tirade. I’m eating the popcorn. Popcorn. Yeah. They’re on saying, “What are you doing with?” And I say, “I’m eating popcorn.” “Why’s that?” “This is just like watching a science fiction movie.”
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Own Diagnosis: “Institutional Autism” —

- I called [for] the DSM-V a new form of ... it’s called “post-traumatic autism” or “institutional autism.” They said, “Ron.” I knew a lot of people on the committee, and they said, “Ron, there’s not enough data to support that.” And I said, “You live in Romania for ten years and then you tell me there’s not enough data to support that you can make an autistic kid very easily.”
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Highly Controlling “Adults Only” Parenting —

- [W]hat I facilitate in my practice to thousands of families, is an aggressive family intervention called “Adults Only” ... at least three months, and perhaps as much as six months, a very intense, often round-the-clock, consistent supervision of the difficult child. ... [T]he child must stay within three feet of a parent at all times and will be under complete supervision 24 hours a day, 7 days a week, for a minimum of four to eight weeks. If you are shaking your head in disbelief right about now, do not worry, that reaction is normal.
— *Help for the Hopeless Child* (2003), p. 101
- Keep the child guessing. You owe no explanations.
— *Help for the Hopeless Child* (2003), p. 117
- It is still very important to be strictly “contract oriented” and to abide by goals and objectives and to NOT give in. NEVER negotiate ...
— *Help for the Hopeless Child* (2003), p. 126
- [K]ids are good in the box, who have neurodevelopmental disorders. They’re very good if it’s structured and strategic or if somebody’s breathing down their neck in this 24/7 operation.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- It is also important for parents to remove any type of stimulation from the child’s room for the duration of Adults Only. This includes books, television, games and toys. Strip things to the bone and start over with the child. Emphasize that “nothing in the world is free” and that everything must be earned.
— *Help for the Hopeless Child* (2003), p. 108
- [T]ell him he’s going to stay longer and you’re never going to relinquish rights. You’re just going to keep him, declare him disabled and keep him home until he’s 50.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Texas Christian University Program —

- At Texas Christian University, we ran a program ... It was called the Hope Connection. We took the most damaged children in the program for four weeks. ... They tended to call it “Re-Attachment Work.” Re-Attachment Work was a more palatable term for the University, because they had a lot of bad taste in their mouths about the concept of, quote, Holding Therapy ...
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Own Family —

- You know, a lot of my kids say, “Damn it, Pop, I want to go live somewhere else.” And I said, “Why is that, Bill?” “It’s not as bad as here.” “That’s all the reason why you’re staying here, because this is where your home is. I’m not sending you out to any program, any treatment. You’re not getting respite care.” You know, my wife was an angel. She stayed at home, and I tell you, she was meaner than I could ever be. Because, you know what? She was consistent. Blindly consistent.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- I might bring [my children] to Iceland. They’re for show and tell. You know what they’ll tell those kids there? They’ll say, “Listen, let me tell you what my dad’s going to do if you don’t stop.” They’ll, they’ll scare them.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Reparenting —

- You got to go back before you go forward ...
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- [A] 16-year-old is just like a 4-year-old if they’ve got developmental disabilities. You want to approach it from the same language, learning, rehabilitation approach. And you know what? Sixteen year olds are pieces of cake. They ain’t got a lick of common sense. They don’t know what to do, and they’re waiting for someone to show them how to be 4 year old again.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- People say, “Well, aren’t your kids getting ready for college there?” I said no. They’re not going to leave home. Because why? They missed forty years of life. Why would I want to send them out when they’re not ready? That makes no sense. So knowing that they need some extra time and training. Get out the old Barney book and pictorial books and show them what things mean.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— School —

- Forget school. If they never read, who cares. As long as their language improves.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Ideal Therapeutic Foster Parents —

- Blue collar people from southern Virginia. ... Their expectations are practical. They’re working class. They don’t want to hear a bunch of junk. They do a darn good job. They’re not into all that fancy psycho-babble. And they’re dead in [the child’s] face. They do a wonderful job.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Ritual Abuse and Other Pseudo-psychological Beliefs —

- [The girl] started developing Multiple Personality Disorder. Dissociative Spectrum Disorder. Which we see in kids who have been ritually abused. ... So, to date, she’s been unable to integrate.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- The biggest problem facing children legally for adoption in the U.S. today is that many of them have been sadistically and ritualistically physically, sexually and/or emotionally abused.
— *Help for the Hopeless Child* (2003), p. 68
- There’s no medication for ADHD.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- If a child perceives that he or she is somehow deprived or neglected, an inner sense of anger and rage toward the parents begins to develop. This type of rage can begin very early in infancy.
— *Help for the Hopeless Child* (2003), p. 25

— “Attachment Disorder” —

- From Russia. He’s nine years old. Through a summer camp program. What are the chances of him having Attachment Disorder? I said, “One hundred percent. One hundred percent.”
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- Attachment disorders ... are actually quite common in children who have been described as being incorrigible, and unmanageable.
— *Help for the Hopeless Child* (2003), p. 26

— Promotional Bump —

- After the *Deadline* show, we got 7,000 phone calls ...
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Buddy System —

- I know my buddy Steve Gray talked about he’s really into the pre-psychotic logic that a lot of these kids have. He’s absolutely correct.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- But we want to regress to a soothing, infant, nurturing interaction which [Dan Hughes](#) talks very well about in his affective attunement. ... And his books are really good, too. I like his first book best.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- I think positive, corrective holding, like my buddy [Dan Hughes](#) does, and my buddy [Greg Keck](#), you know. Positive, corrective holding is good.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)
- SCAR-Jasper Mountain in Eugene, Oregon: My friend, Dr. [David Ziegler](#), ... runs it. ... [Reparenting](#). Wonderful, wonderful program. He takes the most severely disturbed kids. And his book is called *Raising Children Who Refuse to be Raised*. Wonderful book.
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

— Suggested Reading —

- [“Suggested Readings” found in *Help for the Hopeless Child* (2003), pp. 182-183, include works by [Daniel Hughes](#), [Martha Welch](#), Christopher Waldmann and [Gregory Keck](#), all under a category labelled “Attachment,” and the “Childhood Development and Behavior” category begins with Magid & McKelvey’s 1987 book, *High Risk*.]

— Lying About Critics —

- You know, there’s a group out there. I don’t know where they come off. They’re really against what they call “touch therapy.” ... [S]ome people get way to the extreme. ... Advocates for Children in Therapy ... said no child should ever be touched, never be held, never be cradled, and all this touch therapy, touch point therapy, or whatever, is wrong. And you know I’m thinking, if you’ve got a kid who’s never had any human contact, you’d better do something to get them on the pathways soon. So those kind of approaches are appropriate ...
— “[...Treating Multi-Impaired Attachment Disorders](#)” (2004)

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